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MAIL STOP: **Amendment**

EXAMINER: **Brian R. GORDON**

ART UNIT: **1743**

APPLICANT(S): **David CHAZAN et al.**

APPLICATION NO.: **09/884,429**

FILING DATE: **6/18/2001**

ATTORNEY DOCKET NO.: **100/09110**

TOTAL PAGES (Incl. Certificate): **14**

DOCUMENT(S): **Transmittal; RCE; Amendment and Response to Final Office Action**



Signature

Will Sayo

Typed or printed name of person signing Certificate

650-623-0324

Telephone

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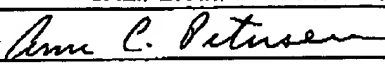
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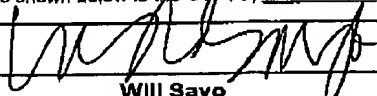
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Form CLS-IP21 (wes0906)
Approved for use through 3/31/2007

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	APPLICATION NUMBER	09/884,429	
	FILING DATE	6/18/2001	
	APPLICANT(S)	David CHAZAN et al.	
	ART UNIT	1743	
	EXAMINER	Brian R. GORDON	
	MAIL STOP	Amendment	ATTORNEY DOCKET NUMBER

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> Election/Restriction Requirement <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Missing Parts/Incomplete Application <input type="checkbox"/> Under 37 CFR 1.52 or 1.63 <input type="checkbox"/> Extension of Time Request (___ month(s)) <input type="checkbox"/> Information Disclosure Statement & Form(s) PTO-SB08 <input type="checkbox"/> Drawings (___ sheet(s)) <input type="checkbox"/> Declaration (___ sheet(s)) <input type="checkbox"/> Application Data Sheet (updated)	<input type="checkbox"/> PTO-1596 Recordation Form Cover <input type="checkbox"/> Assignment (___ sheet(s)) <input type="checkbox"/> Merger/Name Change Certificate <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Statement Under 37 CFR 3.73(b) <input type="checkbox"/> Change of Address <input type="checkbox"/> Petition <input type="checkbox"/> Revive Application <input type="checkbox"/> Withdraw <input type="checkbox"/> Request <input type="checkbox"/> Correction <input type="checkbox"/> Refund	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other enclosure(s) identified below: Request for Continued Examination
REMARKS		
The Commissioner is hereby authorized to charge any deficiency(ies) of fee(s) found to be required for this filing, or credit any overpayment(s), to Deposit Account No. 03-0177, referencing the attorney docket number indicated above.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
FIRM NAME	CALIPER LIFE SCIENCES, INC.		
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PRINTED NAME	Will Sayo	DATE	1/25/2007

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